

**DRAFT \* MARINE MAMMAL REHABILITATION DISPOSITION REPORT \* DRAFT**FIELD #: \_\_\_\_\_ NMFS REGIONAL #: \_\_\_\_\_ NATIONAL DATABASE#: \_\_\_\_\_  
(NMFS USE) (NMFS USE)

COMMON NAME: \_\_\_\_\_ GENUS: \_\_\_\_\_ SPECIES: \_\_\_\_\_

REHABILITATION FACILITY: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**STRANDING/BIRTH HISTORY**

Date: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

Sex: ☐ 1. Male ☐ 2. FemaleStraight Length: \_\_\_\_\_ ☐ cm ☐ in ☐ actual ☐ estimateWeight: \_\_\_\_\_ ☐ kg ☐ lb ☐ actual ☐ estimateWas this animal born to a mother in rehab? ☐ 1. YES; Mother's ID #: \_\_\_\_\_☐ 2. NO**ADMISSION INTO REHABILITATION**

Date: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

Received From: \_\_\_\_\_

Straight Length: \_\_\_\_\_ ☐ cm ☐ in ☐ actual ☐ estimateWeight: \_\_\_\_\_ ☐ kg ☐ lb ☐ actual ☐ estimate**MEDICAL RECORD AND SPECIMEN TRACKING**Samples collected: ☐ 1. YES ☐ 3. Unknown  
☐ 2. NOPre-release Health Screen: ☐ 1. YES ☐ 3. Unknown  
☐ 2. NOOther Specimen Tracking: ☐ 1. Scientific collection  
☐ 2. Education collection  
☐ 3. Other: \_\_\_\_\_**Sample Type/Diagnostic Test/Disposition:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**DISPOSITION (Check one of more)**☐ **1. Transferred to Another Facility**

Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

☐ **2. Retained following Rehabilitation**

Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

Location: \_\_\_\_\_

Comments: \_\_\_\_\_

I.D.#: \_\_\_\_\_

(NMFS USE)

☐ **3. Died**

Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

Location: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Comments: \_\_\_\_\_

☐ **4. Released**

Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_

Locality Details: \_\_\_\_\_

Latitude: \_\_\_\_\_ N

Longitude: \_\_\_\_\_ W

Straight Length: \_\_\_\_\_ ☐ cm ☐ in ☐ actual ☐ estimateWeight: \_\_\_\_\_ ☐ kg ☐ lb ☐ actual ☐ estimate

Age Class: \_\_\_\_\_

**TAG DATA (\*D=Dorsal; LF=Left Front; LR=Left Rear; RF=Right Front; RR=Right Rear)**

I.D.#	Color	Type	Placement (Circle ONE)	Applied	Present
_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>
			LF LR RF RR		
_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>
			LF LR RF RR		
_____			D DF L	<input type="checkbox"/>	<input type="checkbox"/>
			LF LR RF RR		

\* D = Dorsal; DF = Dorsal Fin; L = Lateral Body

LF = Left Front; LR = Left Rear; RF = Right Front; RR = Right Rear

### ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER: \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## DISCLAIMER

**THESE DATA SHOULD NOT BE USED OUT OF CONTEXT OR WITHOUT VERIFICATION.**

## DATA ACCESS

UPON WRITTEN REQUEST, CERTAIN FIELDS OF THE MARINE MAMMAL REHABILITATION DISPOSITION REPORT WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR CREDIT THE STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE. THE NATIONAL MARINE FISHERIES SERVICE WILL NOTIFY THE CONTRIBUTING STRANDING NETWORK MEMBERS THAT THESE DATA HAVE BEEN REQUESTED AND THE INTENT OF USE. ALL OTHER DATA WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE.

**PAPERWORK REDUCTION ACT INFORMATION:**

**PUBLIC REPORTING BURDEN FOR THE COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 30 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BURDEN TO: CHIEF, MARINE MAMMAL CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON IS REQUIRED TO RESPOND TO, NOR SHALL ANY PERSON BE SUBJECTED TO A PENALTY FOR FAILURE TO COMPLY WITH, A COLLECTION OF INFORMATION SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTION ACT, UNLESS THE COLLECTION OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER.**

